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| Please type a plus sign (+) inside this box   PTO/SB/01 (10-00  Approved for use through 10/31/2002. OMB 0651-003:  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC!  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.                                                                                                                                                                                                  |                                                     |                                     |                         |               |                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------|-------------------------|---------------|---------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Attorney Dock                                       | Attorney Docket Number              |                         |               |                     |  |
| DECLARATION FOR UTILITY OR DESIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     | First Named In                      | ventor                  | Robert H      | . Francis           |  |
| PATENT APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C                                                   | COMPLETE IF KNOWN                   |                         |               |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (37 CFR 1.63)                                       |                                     | nber                    | /             |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>-</b>                                            | Filing Date                         |                         |               |                     |  |
| Submitted OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Declaration Submitted after Initial                 | al Group Art Unit                   |                         |               |                     |  |
| with Initial<br>Filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Filing (surcharge<br>(37 CFR 1.16 (e))<br>required) | Examiner Name                       | •                       |               |                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 🔀 is attached hereto                                |                                     |                         |               |                     |  |
| was filed on (MM/DD/YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | )                                                   | as United St                        | tates Application       | Number or PC1 | International       |  |
| Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (if annlicable)                                     |                                     |                         |               |                     |  |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. |                                                     |                                     |                         |               |                     |  |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.          |                                                     |                                     |                         |               |                     |  |
| Prior Foreign Application<br>Number(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                             | Foreign Filing Date<br>(MW/DD/YYYY) | Priority<br>Not Claimed |               | ppy Attached?<br>NO |  |
| Additional foreign application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                     |                                     | 0000                    | 0000          | 0000                |  |

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Filing Date (MM/DD/YYYY)

Application Number(s)

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## **DECLARATION** — Utility or Design Patent Application

| Customer Number                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |          |                    |                           |                                |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|--------------------|---------------------------|--------------------------------|-------------------------------|
| Direct all Corresonnoence in                                                                                                                                                                                                                                                                                                                                                                                                                                              | r Code Lab |          |                    |                           | OR 🔼                           | Correspondence address below  |
| Name Robert H. Francis                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                    |                           |                                |                               |
| Address 4599 South 119th St                                                                                                                                                                                                                                                                                                                                                                                                                                               | reet       |          |                    |                           |                                |                               |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |          |                    |                           |                                |                               |
| City Greenfield                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |          |                    | State                     | WI                             | <b>ZIP</b> 53228-2469         |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Те         | elephone | (414) <sup>4</sup> | 27-71                     | .04                            | Fax                           |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |            |          |                    |                           |                                |                               |
| NAME OF SOLE OR FIRST INVEN                                                                                                                                                                                                                                                                                                                                                                                                                                               | TOR:       |          |                    | A petiti                  | on has been fil                | ed for this unsigned inventor |
| Given Name (first and middle [if any])  Robert Henry  Family Name or Surname                                                                                                                                                                                                                                                                                                                                                                                              |            |          |                    | s                         |                                |                               |
| Inventor's Ralut Hanas Date 29 Jan 2061                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |          |                    |                           |                                |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |          | State WI           |                           | Country USA                    | USA<br>Citizenship            |
| Mailing Address 4599 South 119th Street                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |          |                    |                           |                                |                               |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |          |                    |                           |                                |                               |
| City Greenfield Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ite WI     | , WI     |                    | ZIP 53228-2469            |                                | Country USA                   |
| NAME OF SECOND INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |          |                    |                           | led for this unsigned inventor |                               |
| Given Name<br>(first and middle [if any])                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |          |                    | Family Name<br>or Surname |                                |                               |
| Inventor's                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |          |                    |                           | Date                           |                               |
| Residence: City State                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |          | State              |                           | Country                        | Citizenship                   |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |          |                    |                           |                                |                               |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |          |                    |                           |                                |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |          |                    | ZIP                       |                                | T                             |
| Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.                                                                                                                                                                                                                                                                                                                                                       |            |          |                    |                           |                                |                               |

## In the United States Patent and Trademark Office

| First/Sole Applicant: Robert H.                                                                                                                                      | Francis                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Joint/Second Applicant:                                                                                                                                              | ;<br>                                                                                                                                    | ·                                                                                                                                                                                                                                                                                                                                                                                                        |
| Title: A Process For Rap<br>Overshoot Using A                                                                                                                        | idly Controllin<br>Time Domain Po                                                                                                        | g A Process Variable Without<br>lynomial Feedback Controller                                                                                                                                                                                                                                                                                                                                             |
| Small E                                                                                                                                                              | ntity Declaration-                                                                                                                       | -Independent Inventor(s)                                                                                                                                                                                                                                                                                                                                                                                 |
| paying reduced fees under Section 41(<br>above-identified invention described in<br>under no obligation under any contract<br>who could not be classified as an inde | (a) and (b) of Title 35 United S<br>in the specification filed herew<br>it or law to assign, grant, conv<br>pendent inventor under 37 Cl | ependent inventor as defined in 37 CFR 1.9(c) for purposes of States Code, to the Patent and Trademark Office with regard to my vith. I have not assigned, granted, conveyed, or licensed—and am vey, or license—any rights in the invention to either (a) any person FR 1.9(c) if that person had made the invention, or (b) any concern or 37 CFR 1.9(d) or (ii) a nonprofit organization under 37 CFR |
| Each person, concern, or organization contract or law to assign, grant, conve                                                                                        |                                                                                                                                          | anted, conveyed, or licensed—or am under an obligation under the invention is listed below:                                                                                                                                                                                                                                                                                                              |
| There is no such person, concern,                                                                                                                                    | , or organization.                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                          |
| ☐ Any applicable person, concern, o                                                                                                                                  | or organization is listed below                                                                                                          | •                                                                                                                                                                                                                                                                                                                                                                                                        |
| Full Name: Robert H. Fran                                                                                                                                            | ncis                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Address: 4599 South 119                                                                                                                                              | th Street                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Greenfield, WI                                                                                                                                                       |                                                                                                                                          | <del></del>                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                      | at the time of paying, the earli                                                                                                         | ification of any change in status resulting in loss of entitlement to est of the issue fee or any maintenance fee due after the date on B(b)).                                                                                                                                                                                                                                                           |
| are believed to be true; and further tha                                                                                                                             | t these statements were made                                                                                                             | lge are true and that all statements made on information and belief with the knowledge that willful false statements and the like so                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                      |                                                                                                                                          | n 1001 of Title 18 of the United States Code, and that such willful                                                                                                                                                                                                                                                                                                                                      |
| talse statements may jeopardize the value directed.                                                                                                                  | ilidity of the application, any p                                                                                                        | patent issuing thereon, or any patent to which this verified statemen                                                                                                                                                                                                                                                                                                                                    |
| Signature of Sole/First Inventor                                                                                                                                     | Ĺ                                                                                                                                        | Signature of Joint/Second Inventor                                                                                                                                                                                                                                                                                                                                                                       |
| Robert H. Francis                                                                                                                                                    |                                                                                                                                          | <u>-</u>                                                                                                                                                                                                                                                                                                                                                                                                 |
| Print Name of Sole/First Inventor                                                                                                                                    |                                                                                                                                          | Print Name of Joint/Second Inventor                                                                                                                                                                                                                                                                                                                                                                      |
| 29 Jan 2001<br>Date of Signature                                                                                                                                     |                                                                                                                                          | Date of Signature                                                                                                                                                                                                                                                                                                                                                                                        |
| nate of Siffigure                                                                                                                                                    |                                                                                                                                          | Cate of Signature                                                                                                                                                                                                                                                                                                                                                                                        |

<sup>\*</sup>Note: A separate Small Entity Statement is required from any fisted entity.